

COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

This declaration is of the following type:

original
 design
 supplemental
 national stage of PCT
 divisional
 continuation
 continuation-in-part (CIP)

My residence, post office address and citizenship are as stated next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed for and for which a patent is sought on the invention entitled:

A. NON-SURGICAL METHOD FOR BREAST AUGMENTATION

the specification of which

is attached hereto
 was filed on _____, as
Application Serial No. _____
and was amended on _____
(if applicable)
 was described and claimed in PCT International application
No. _____ filed on _____
and as amended under PCT Article 19 on _____
(if any).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any Amendment referred to above.

I acknowledge duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, Sec. 1.56.

In compliance with this duty there is attached an information disclosure statement. 37 CFR 1.97.

I hereby claim foreign priority benefits under Title 35, United States Code, Sec. 119, of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent of inventor's certificate having a filing date before that of the application on which priority is claimed:

no such applications have been filed
 such applications have been filed as follows.

Prior Foreign Application(s)

| (Number) | (Country) | (day/month/year filed) | Yes | No |
|----------|-----------|------------------------|-----|-----|
| | | | [] | [] |
| (Number) | (Country) | (day/month/year filed) | Yes | No |
| | | | [] | [] |

I hereby claim the benefit under Title 35, United States Code, Sec. 120 of any United States application(s) listed below, and insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, Sec. 112, I acknowledge the duty to disclose all information known to be material to patentability as defined in Title 37, Code of Federal Regulations, Sec. 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

| (Application Serial No.) | (Filing Date) | (patented, pending, abandoned) |
|--------------------------|---------------|--------------------------------|
| | | |
| (Application Serial No.) | (Filing Date) | (patented, pending, abandoned) |
| | | |

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agents to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

| | |
|--------------------------------------|-------------------------------------|
| George M. Cooper, Reg. No. 20,201 | Eric S. Spector, Reg. No. 22,495 |
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I hereby declare all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor MARIANTHI GIAKOUVAKIS

Inventor's signature Marianthi Giakouvakis Date October 8, 1996

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Full name of second joint inventor _____

Inventor's signature _____ Date _____

Residence _____

Citizenship _____

Post Office Address _____

Full name of third joint inventor _____

Inventor's signature _____ Date _____

Residence _____

Citizenship _____

Post Office Address _____

Full name of fourth joint inventor _____

Inventor's signature _____ Date _____

Residence _____

Citizenship _____

Post Office Address _____

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Applicant or Patentee: MARIANTHI GIAKOUMAKIS
 Serial or Patent No.: TD 82 ASSIGN
 Filed or Issued: OCTOBER 9, 1996
 For: Non-Surgical Method For Breast Augmentation

VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS (37 CFR 1.9(f) and 1.27(b))—INDEPENDENT INVENTOR

As a below named inventor, I hereby declare that I qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees under Section 41(a) and (b) of Title 35, United States Code, to the Patent and Trademark Office with regard to the invention entitled A NON-SURGICAL METHOD FOR BREAST AUGMENTATION described in

the specification filed herewith.
 application serial no. _____, filed _____
 patent no. _____, issued _____

I have not assigned, granted, conveyed or licensed and am under no obligation under contract or law to assign, grant, convey or license, any rights in the invention to any person who could not be classified as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

Each person, concern or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:

no such person, concern, or organization
 persons, concerns or organizations listed below*

*NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention according to their status as small entities. (37 CFR 1.27).

FULL NAME _____

ADDRESS _____

INDIVIDUAL SMALL BUSINESS CONCERN NONPROFIT ORGANIZATION

FULL NAME _____

ADDRESS _____

INDIVIDUAL SMALL BUSINESS CONCERN NONPROFIT ORGANIZATION

FULL NAME _____

ADDRESS _____

INDIVIDUAL SMALL BUSINESS CONCERN NONPROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b)).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so

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made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

MARIANTHI GIAKOUMAKIS

Name of inventor

Julian Hikourueki

Signature of Inventor

Date October 08, 1996

Name of Inventor

Date _____

Signature of Inventor

Name of Inventor

Date _____

Signature of Inventor